

Provider Inspection Summary

For the period 05/01/2003 to 04/30/2006
Residential Care Apartment Complex
CERTIFIED

Facility Information

Facility Name: MEADOWMERE ASSISTED LIVING APTS (0010340)

Address: 701 E PUETZ RD, OAK CREEK, WI 53154

License Status: REGULAR

Licensed/Certified/Registered 06/01/2003

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0096098 **End Date:** 12/19/2005 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0094889 **End Date:** 04/18/2005 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009119 Served 05/28/2005

Deficiencies Cited
89.34(16)

Subject Area
TENANT RIGHTS

Compliance
Verified
12/19/2005

Corrected
Yes

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Provider Inspection Summary

For the period 05/01/2003 to 04/30/2006
Residential Care Apartment Complex
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Survey ID: 0094187 **End Date:** 02/02/2005 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008766 Served 03/03/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(2)	CLIENT PROTECTION	04/05/2005	Yes
89.23(2)(a)2.c	SERVICES	04/18/2005	Yes
89.23(4)(b)1	SERVICES	04/18/2005	Yes
89.26(1)	COMPREHENSIVE ASSESSMENT	04/05/2005	Yes
89.26(4)	ANNUAL REVIEW	04/05/2005	Yes
89.27(1)	SERVICE AGREEMENT	04/05/2005	Yes
89.27(4)	SERVICE AGREEMENT	04/05/2005	Yes
89.28(6)	RISK AGREEMENT	04/05/2005	Yes
89.29(2)(b)1	ADMISSION & RETENTION OF TENANTS	04/05/2005	Yes
89.34(16)	TENANT RIGHTS	12/19/2005	Yes

Survey ID: 0092091 **End Date:** 02/18/2004 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary
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Residential Care Apartment Complex
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Enforcement History

Date: 05/24/2005 **SOD #10009119** **Appealed: No**

Sanctions

FORFEITURE---89.34(16)

Date: 03/02/2005 **SOD #10008766** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

NO NEW ADMISSIONS

FORFEITURE---89.23(2)(a)2.c.

FORFEITURE---89.26(1)

FORFEITURE---89.26(4)

FORFEITURE---89.27(1)

FORFEITURE---89.27(4)

FORFEITURE---89.28(6)

FORFEITURE---89.29(2)(b)1

FORFEITURE---89.34(16)

Date: 06/02/2003 **SOD #800124** **Appealed: No**

Sanctions

FORFEITURE---89.29(3)(c)1

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Provider Inspection Summary

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Residential Care Apartment Complex
CERTIFIED

Complaint History

Date Complaint Received: 04/18/2005

Date Investigation Completed: 12/19/2005

Subject Area(s)

Result

SOD #

ADMISSION, TRANSFER & DISCHARGE

NOT SUBSTANTIATED

Date Complaint Received: 04/04/2005

Date Investigation Completed: 04/18/2005

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 11/18/2004

Date Investigation Completed: 02/02/2005

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

10008766

MEDICATIONS

SUBSTANTIATED

10008766

STAFF ADEQUACY

NOT SUBSTANTIATED

Date Complaint Received: 10/27/2004

Date Investigation Completed: 01/27/2005

Subject Area(s)

Result

SOD #

MEDICATIONS

SUBSTANTIATED

10008766

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

MEDICATIONS

SUBSTANTIATED

10008766

Date Complaint Received: 07/01/2004

Date Investigation Completed: 02/02/2005

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

10008766

Date Complaint Received: 04/14/2004

Date Investigation Completed: 01/27/2005

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

STAFF ADEQUACY

NOT SUBSTANTIATED

PROGRAM SERVICES

SUBSTANTIATED

10008766

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DEPARTMENT OF HEALTH AND FAMILY SERVICES
Division of Disability and Elder Services
Printed 06/20/2006

Provider Inspection Summary

For the period 05/01/2003 to 04/30/2006
Residential Care Apartment Complex
CERTIFIED

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Date Complaint Received: 10/31/2003

Date Investigation Completed: 03/10/2004

Subject Area(s)
ADMINISTRATION

Result
NOT SUBSTANTIATED

SOD #

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